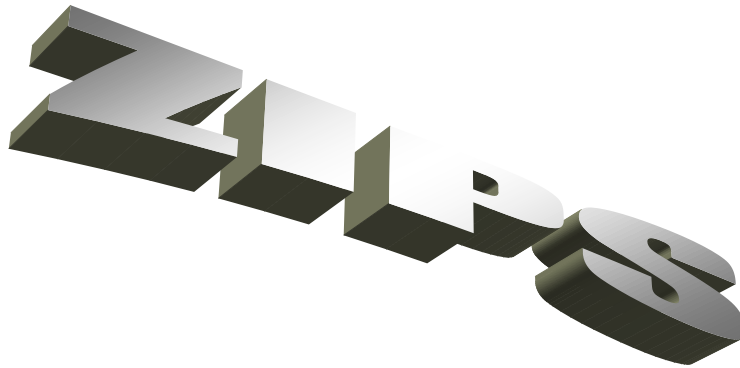


**Rochester Public Transit**  
**4300 East River Rd NE**  
**Rochester, MN 55906**  
**Tel # (507) 328-2439**  
**Fax # (507) 328-2432**



**FOR MORE INFORMATION ON OUR PROGRAM GO TO [WWW.RPTRIDE.COM](http://WWW.RPTRIDE.COM)**

The Zumbro Independent Passenger Service (ZIPS) is a door-to-door transportation system for persons who cannot use Rochester Public Transit due to a disability. All ZIPS vehicle are wheelchair accessible. The service is administered by the Rochester Department of Public Works. Operation of the service including dispatching, drivers, and maintenance is provided by a private company under contract to the City. This program meets all the guidelines prescribed by section 12143 of The ADA act of 1990.

**HOW TO APPLY-** You must submit an application and be approved before you can use ZIPS. Applications can be mailed to you and are obtained by calling the above number, or going to [www.rptride.com](http://www.rptride.com)

**SERVICE AREA-** Area includes the City of Rochester and four surrounding townships of Cascade, Haverhill, Marion, and Rochester. (See attached Map)

#### **OPERATING HOURS**

Weekdays & Evenings: 5:30 AM - 10:00PM  
Saturdays: 7:00 AM - 7:00PM

\*No Sunday or Holiday Service

**FARES** are subsidized by local, State, and Federal tax money.

#### **FARES:**

**5 Ride Punch Pass for \$15.00**

**1 Single Ride Fare = \$3.00**

\*Purchase tickets from the driver.

**RESERVATIONS are made by calling 288-8404**, by calling at least **one day** in advance. Riders are scheduled on a first come first served basis. When you call, be prepared to tell the dispatcher the time and place you would like to be picked up and whether or not you need a return ride. You should be ready for your pick-up at least **10 minutes** before the reservation time.

**CANCELLATION of service must be made one hour before your scheduled pick-up time.** A continual pattern of "No Shows" is cause for suspension of service.

**COMPANIONS/ATTENDANTS-** You may have one companion ride with you. The driver will punch your ticket an additional time for companions. Personal Care Attendants (PCAs) travel at no extra charge. Free travel for a PCA must be requested in writing prior to riding.

**COMMENTS/COMPLAINTS/SUGGESTIONS** should be directed to:

Rochester Public Transit/ ZIPS  
4300 East River Road NE  
Rochester, MN 55906  
Or call the above phone number or go to [www.RPTRIDE.com](http://www.RPTRIDE.com)

# ZIPS SERVICE AREA

75TH ST NW/NE

60TH AVE SW/NW

65TH ST NW

55TH ST NW

18TH AVE NW

HWY 63

41ST ST NW

HWY 52

19TH ST NW

WEST CIRCLE DRIVE

2ND ST SW

BROADWAY

VIOLA RD

HWY 14

MARION RD SE

50TH AVE SE

11TH AVE SE

40TH ST SW

60TH ST SW/SE

80TH AVE NE/SE

REVISED 7/01

CERTIFICATION# \_\_\_\_\_

**APPLICATION FOR ZIPS DIAL-A-RIDE \* ROCHESTER, MINNESOTA**

**INSTRUCTIONS:** *(Please print or type). All applicants must submit Part A and B. Part B is to be completed by a physician. Persons requesting certification due to a mental disability must also complete Part C.*

If you need assistance in completing this application call the Parking and Transit Division at the above number.

**PART A THIS SECTION TO BE COMPLETED BY APPLICANT OR LEGAL GUARDIAN**

FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE # ( ) \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
DESCRIBE YOUR DISABILITY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU USE ANY OF THE FOLLOWING DEVICES? \_\_\_\_\_ YES \_\_\_\_\_ NO  
**IF YES, CHECK WHICH ONES:** \_\_\_\_\_ WHEELCHAIR \_\_\_\_\_ LEG BRACE  
\_\_\_\_\_ CANE \_\_\_\_\_ WALKER  
\_\_\_\_\_ OTHER, DESCRIBE \_\_\_\_\_

CAN YOU USE ROCHESTER PUBLIC TRANSIT BUSES? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
YES, UNDER CERTAIN CONDITIONS (*DESCRIBE CONDITIONS*): \_\_\_\_\_  
\_\_\_\_\_

CAN YOU USE ROCHESTER PUBLIC TRANSIT BUSES IF THEY ARE WHEELCHAIR ACCESSIBLE?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU PRESENTLY OR EVER BEEN APPROVED FOR ZIPS SERVICES? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, PLEASE GIVE ID NUMBER \_\_\_\_\_

IN CASE OF EMERGENCY WHO SHOULD WE CONTACT?

NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

I hereby certify the above information is complete and accurate. I also give permission to the physician identified below to supply the requested information.

Signature of Applicant or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART B THIS SECTION IS TO BE COMPLETED BY A PHYSICIAN**

ZIPS Service is for persons who **CANNOT** use regular Rochester City Lines buses for one or more of the following reasons. (Please check ALL CRITERIA which apply to the above named person).

- \_\_\_\_\_ 1. THE PERSON IS CONFINED TO A WHEELCHAIR.  
\_\_\_\_\_ 2. THE PERSON HAS A PHYSICAL FUNCTIONAL DISABILITY WHICH PREVENTS WALKING TO AND FROM A BUS STOP OR NEGOTIATING BUS STEPS.  
\_\_\_\_\_ 3.\* THE PERSON HAS A SENSORY HANDICAP OR MENTAL FUNCTIONAL LIMITATION THAT PREVENTS THEM FROM USING, OR LEARNING TO USE REGULAR ROUTE BUS SERVICE AS OPERATED BY ROCHESTER CITY LINES.

*\*Persons with a mental disability must submit Part C.*

(Physicians certification continued)

DESCRIBE HOW THE DISABILITY PROHIBITS THE PERSON'S USE OF REGULAR BUS SERVICE: \_\_\_\_\_  
\_\_\_\_\_

IS THIS NEED FOR ZIPS SERVICE (CHECK ONE)

☐ PERMANENT

☐ TEMPORARY IF YES, STATE DURATION

☐ SEASONAL OR CONDITIONAL (EG. COLD WEATHER MONTHS,  
EVENINGS ONLY, NON-ROUTE TRIPS)

IF SEASONAL OR CONDITIONAL, STATE UNDER WHAT CIRCUMSTANCES DOES THIS  
PERSON NEED ZIPS SERVICE \_\_\_\_\_.

COULD THIS PERSON, WITH ADEQUATE TRAINING LEARN TO USE REGULAR ROCHESTER CITY  
LINES BUS SERVICE? ☐ YES ☐ NO

**IF NO, EXPLAIN** \_\_\_\_\_

**IF YES,** WHAT LENGTH OF TIME WOULD YOU ESTIMATE THIS PERSON WOULD NEED TO  
ACQUIRE THE NECESSARY TRANSPORTATION SKILLS? \_\_\_\_\_

IF THIS PERSON USES A WHEELCHAIR, CAN THEY BE TRANSFERRED TO A SEAT?  
☐ YES ☐ NO

I CERTIFY BY MY SIGNATURE THAT \_\_\_\_\_, IN MY  
(Applicant's name)  
PROFESSIONAL OPINION MEETS THE CRITERIA AS I HAVE INDICATED ABOVE.

SIGNATURE \_\_\_\_\_

PLEASE FILL OUT COMPLETELY:

NAME (PLEASE PRINT) \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

RETURN THIS APPLICATION TO: Rochester Public Transit  
4300 East River Road NE  
ROCHESTER, MN 55906

**DO NOT WRITE BELOW THIS LINE**

-----  
Circle one:      Approved                      Disapproved  
Circle one:      Permanent      Temporary      Seasonal      Conditional  
Reviewed by:  
Date: \_\_\_\_\_ I.D. NUMBER ISSUED \_\_\_\_\_

**PART C**

ZIPS DIAL-A-RIDE/ROCHESTER, MINNESOTA

CERTIFICATION FOR PERSONS WITH A MENTAL DISABILITY

**THIS SECTION IS TO BE COMPLETED BY A PHYSICIAN, LICENSED PSYCHOLOGIST OR ORIENTATION AND MOBILITY SPECIALIST.**

Name of Applicant \_\_\_\_\_

Name of Professional Completing this Form \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

1. Does the applicant become disoriented or overly anxious in unusual travel situations? (Examples -- forgets own name, destination, travel routes, etc.)  
\_\_\_\_\_ Yes \_\_\_\_\_ No.      Comments:

2. Is the applicant able to compare information cards with signs, bus route numbers, landmarks, etc.?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.      Comments:

3. Is the applicant able to ask for and understand assistance if lost?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.      Comments:

4. Is the applicant able to follow directions and maintain attention to traveling?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.      Comments:

5. Is the applicant able to cross streets in traffic safely?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.      Comments:

6. Could this person, with adequate training learn to use regular Rochester City Lines bus service? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, explain \_\_\_\_\_

7. Is there any other information that should be considered in making a determination regarding the type of transportation service this individual's needs? \_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and accurate.

\_\_\_\_\_  
Signature of Professional

\_\_\_\_\_  
Date

THIS FORM SHOULD BE RETURNED WITH THE PHYSICIANS CERTIFICATION TO:  
ROCHESTER PUBLIC TRANSIT  
4300 EAST RIVER ROAD NE  
ROCHESTER, MINNESOTA 55906

# **MUST BE RETURNED WITH ZIPS APPLICATION**

## RIGHTS OF SUBJECTS OF GOVERNMENTS DATA

### "TENNESSEN WARNING"

#### APPLICANTS FOR ZIPS DIAL-A-RIDE

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; and confidential information is the information which is not available to you or the public. The information we collect from you is either public or private.

Public information includes the name and address of the applicant. All other information collected on the application is considered private.

The information collected and required from you is used for the following purposes:

- To distinguish you from other clients by the same or similar name.
- To determine your eligibility for services provided by the City of Rochester.
- To make reports, do research and evaluate our program.
- To investigate reports of persons who may receive services fraudulently.

You are not required to provide the information. However, if you do not supply the required information, the City of Rochester will not be able to determine your eligibility for service.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the program. Persons or agencies with whom this information may be shared include:

1. City of Rochester department personnel involved in determining your eligibility or administering the program in connection with which the applicant is submitted.
2. Olmsted County departmental personnel involved in the program.
3. City Council members (only that information needed to approve the application).
4. Federal, State, County and local and contracted public auditors.
5. Law enforcement personnel in the cases of suspected fraud related to the applications.
6. These individuals or agencies to which you give your express written permission.
7. The bus service company and its employees that need to know.
8. The Subcommittee on ZIPS Eligibility of the Citizens Advisory on Transit to review cases of contested eligibility.
9. Medical, mental health and social service agencies listed to by you as a reference.
10. Guardians or other legal custodians or conservators (if you have one).

If you have questions about why we share information with any of these persons or agencies, please contact us.

Unless otherwise authorized by state statutes or federal law, other governmental agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you.
2. The right to be told the contents and meaning of the data.
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the authority who is responsible for data practices management for the City who is:

City Clerk  
City Hall  
201 4th Street S.E.  
Rochester, MN 55904  
(507) 328-2900

I have read and understand the above information regarding my rights as a subject of government data.

Applicant (please print) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or Guardian

\_\_\_\_\_  
Date